



## Department of Environmental Services

Engineering/Construction Division

300 Park Avenue, Falls Church, VA 22046

Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

# Building Permit Application

Date \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

Required fields are marked with ➤ and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please write "None" in that section. If there is no lessee, write "None" in that section.

### ADDRESS OF BUILDING

Falls Church, VA ➤

Street Address \_\_\_\_\_

Unit # \_\_\_\_\_

Zip \_\_\_\_\_

### APPLICANT/CONTRACTOR INFORMATION

### MECHANICS' LIEN AGENT (Residential Only)

➤ Name \_\_\_\_\_ ➤ Phone ☐ H. ☐ O. ☐ C.

➤ Name \_\_\_\_\_ ➤ Phone ☐ H. ☐ O. ☐ C.

➤ Address \_\_\_\_\_ ➤

➤ Address \_\_\_\_\_ ➤

➤ City \_\_\_\_\_ ➤ State \_\_\_\_\_ ➤ Zip Code \_\_\_\_\_ ➤

➤ City \_\_\_\_\_ ➤ State \_\_\_\_\_ ➤ Zip Code \_\_\_\_\_ ➤

➤ VA State License Number \_\_\_\_\_ ➤ Class ☐ A. ☐ B. ☐ C.

### BUILDING OWNER INFORMATION

### LESSEE INFORMATION

➤ Name \_\_\_\_\_ ➤ Phone ☐ H. ☐ O. ☐ C.

➤ Name \_\_\_\_\_ ➤ Phone ☐ H. ☐ O. ☐ C.

➤ Address \_\_\_\_\_ ➤

➤ Address \_\_\_\_\_ ➤

➤ City \_\_\_\_\_ ➤ State \_\_\_\_\_ ➤ Zip Code \_\_\_\_\_ ➤

➤ City \_\_\_\_\_ ➤ State \_\_\_\_\_ ➤ Zip Code \_\_\_\_\_ ➤

### ☐ ARCHITECT ☐ ENGINEER ☐ PLAN PREPARER INFORMATION

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ License # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### ➤ TYPE OF WORK ◀

### ➤ USE CODE ◀

#### Exterior Work:

☐ Demolition (check no other box)

☐ New Primary Building

#### New Accessory Building:

☐ Detached Garage ☐ Shed

☐ Other \_\_\_\_\_

☐ Addition (incl. attached garage)

☐ Pool

☐ Deck/Porch (Plat Required)

☐ Fence (Plat Required)

☐ Sump Pump (Plat Required)

☐ Sign

☐ Foundation Only

☐ Crane or Hoist

☐ Temporary Trailer

☐ Temporary Tent

#### Interior Work:

#### Remodel Finished Space:

☐ Kitchen ☐ Bath

☐ Other Existing Space

#### Finish Unfinished Space:

☐ Basement ☐ Attic

☐ Garage ☐ Other

#### Add:

☐ Full Bath ☐ Half Bath

☐ Bedroom ☐ Fireplace

☐ Kitchen ☐ Other

#### Elevator:

☐ Install ☐ Repair

Check All That Apply  
Give Details Below

☐ A-1 Theater

☐ A-2 Restaurant, Nightclub

☐ A-3 Church, Museum, Gym,

Lecture Hall, Library

☐ A-4 Indoor Arena, Pool

☐ A-5 Outdoor Viewing,

Bleacher Stadium

☐ B Business

☐ E Educational, Day Care

☐ F-1 Factory Industrial, Moderate Hazard

☐ F-2 Factory Industrial, Low Hazard

☐ H-1 Hazardous, Explosives

☐ H-2 Hazardous, Flammable

☐ H-3 Hazardous, Combustible

☐ H-4 Hazardous, Health Hazard

☐ I-1 Institutional, Residence Care,  
Halfway House

☐ I-2 Institutional, Hospital

☐ I-3 Institutional, Jail

☐ I-4 Institutional, Child Care

☐ M Mercantile

☐ R-1 Hotel, Boarding House

☐ R-2 Apartments, Condos

☐ R-3 1 & 2 Family (Comm.

Code/IBC)

☐ R-4 Residential Care,

Assisted Living

☐ R-5 1 & 2 Family (Resid. Code/IRC)

☐ S-1 Storage, Moderate Hazard

☐ S-2 Storage, Low Hazard

### ➤ COSTS ◀

### ➤ SCOPE AND DESCRIPTION OF WORK ◀

Total cost for work on  
this building permit: \$ \_\_\_\_\_

Total job cost,  
including all trades: \$ \_\_\_\_\_

Include all material and labor. This does not affect  
the cost of the permit in any way.

If any work will take place outside the building, you must submit the addendum form, Permit for Exterior Work

### TYPE OF CONSTRUCTION:

### ➤ FIRE SUPPRESSION ◀

### ➤ DIMENSIONS ◀

- ☐ 1A ☐ 1B Non-Combustible Protected  
☐ 2A ☐ 2B Non-Combustible Unprotected  
☐ 3A ☐ 3B Combustible/Non-Combustible  
☐ 4 Heavy Timber  
☐ 5A ☐ 5B Combustible

Will/Does This Building Have A  
Sprinkler System? ☐ Yes ☐ No

Will/Does This Building Have A  
Fire Alarm? ☐ Yes ☐ No

Total Area Of Work (ft<sup>2</sup>): \_\_\_\_\_

Is There A Basement? ☐ Yes ☐ No

# Of Stories (excl. basement): \_\_\_\_\_

## ▶ APPLICATION CHECKLIST ◀

(To be checked/signed by applicant)

- |  |  |  |
|--|--|--|
| 1. Building Plan Submitted                     | (See "Permitting Process")                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Demolition of Structure Required            | (See "Demolition Permit Requirements")               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Grading Plan Submitted                      | (See "Grading Plan Req.'s" & "RMA Requirements")     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Tree Preservation Plan Submitted            | (See "Tree Preservation on Single Family Res. Lots") | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Development in Flood Plain                  | (Contact City If Not Sure)                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Exterior Installations e.g., AC Units, Etc. | (Contact Zoning Office)                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Property in RPA                             | (See RPA Requirements)                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |



I have read and understood the above-listed requirements and have submitted all relevant documents/plans. I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

Signature of Applicant

Date

Address

Print Name

Phone to Call When Permit Ready

City

State

Zip Code

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080 (TTY 711).

## OFFICIAL USE ONLY

### Intake

Plans  
☐ Received  
☐ Not Required

Contractor  
☐ License Attached  
☐ License in Munis  
☐ Owner, Affidavit Attached  
☐ TBD

Outside Work:  
☐ None, Sign or Fence  
☐ Addendum Attached  
☐ Under a Grading Plan

Copies Sent To  
☐ Arborist (*if any outside work*)  
☐ IBTS (*per B.O. only*)  
☐ Planning (*if in RPA*)  
☐ Real Estate (*demo, new building, addition, pool, deck, porch, all interior except elevator*)

### Permit Number

Intake By (Initial)

### Zoning

☐ Zoning review complete—see separate Zoning permit.

Comments

John Boyle, Zoning Administrator

Date

### Arborist

☐ Approved  
☐ Rejected

Comments

City Arborist

Date

### Building Official

☐ Approved  
☐ Rejected

Comments

Doug Fraser, Building Official

Date

Trade Permits OK to Issue: ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Fuel-Gas ☐ Fire Alarm ☐ Sprinkler

Special Conditions on Trade Permits:

IBTS Review Required?

☐ Yes ☐ No

Date Received: \_\_\_\_\_

### Fees

- |                                   |          |   |
|-----------------------------------|----------|---|
| 1. Subtotal Permit Fee            | \$ _____ | Calculated Sq. Ft: _____  |
| 2. Plan Review Fee (B.O.)         | \$ _____ | Plan Review Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Plan Review Fee (IBTS)         | \$ _____ | (30% of Sq. Ft. Charge, \$100 Minimum)                                    |
| 4. Subtotal Permit Fee (#1+#2+#3) | \$ _____ |   |
| 5. 1.75% State Levy (1.75% of #4) | \$ _____ |   |
| 6. Other                          | \$ _____ | Explain: _____  |

**Total Building Permit Fee**

\$ \_\_\_\_\_